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Case report

Complicated alcohol withdrawal presenting as self mutilation

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ABSTRACT

Self-mutilation has been defined as deliberate self injury to body tissue without the intent to die. There has been an association between substance abuse and self mutilation. Alcoholic hallucinosis is usually in auditory modality and regarded as harmless. But patients can indulge in self harm behavior when the hallucinosis is commanding type. We are presenting a case in which the patient inflicted multiple stab injury to his own abdomen in response to alcoholic hallucinosis. This has clinical implication to enquire about substance abuse in patients presenting to emergency setting.

1. Introduction

Self-mutilation (SM) can be understood as deliberate self injury to body tissue without the intent to end one's life. Several studies have reported associations between substance abuse and self mutilation. In a sample of general psychiatric outpatients, substance abuse was significantly associated with SM, and this was independent of the presence of borderline personality and antisocial personality disorder.[1,2] The prevalence of SM has been reported to range from 33% to 34.6% among treatment-seeking patients who were substance dependent and 4% in the general population.[3–5] The factors that may mediate the association between substance abuse and SM are anger and aggression, Delirium tremens in alcohol withdrawal, and in response to auditory hallucinations or dissociative experiences experienced during alcohol withdrawal.[6,7] Alcoholic hallucinosis is a type of complicated alcohol withdrawal characterized by auditory and visual hallucinations that are of threatening nature and engage the attention of the patient to the exclusion of all other interests.[8,9] The hallucinations are potentially dangerous when they are commanding in nature as the sufferer may engage in dangerous acts during this experience. We are presenting a case of self mutilation in response to the commanding type of Alcoholic hallucinosis.

2. Case report

The index case is a 45 year old educated, married and employed male from rural background who presented with a history of drinking alcohol for about 25 years. An exploration of history revealed that patient was drinking in a dependent pattern for the last 20 years or so. Due to financial constraints patient had been forced to cut down on the quantity consumed for the last 3 years. Patient also started having episodes of marked tremulousness, sleeplessness, disorientation to time, place and person, marked increase in psychomotor activity, fearfulness and visual hallucinations which would occur 48–72 h after the last intake of alcohol. Patient had 4 such episodes in last 3 years. Each such episode had necessitated admission in a hospital after which patient went back to previous level of drinking. The index episode occurred in May 2012 when he stopped drinking alcohol due to familial pressure. After that he started having restlessness, anxiety, decreased sleep and tremulousness of the whole body. However, there is no evidence suggestive of disorientation and visual hallucinations and family members did not seek treatment this time. After about 4–5 days period of abstinence from alcohol, he started to claim that the dogs barking outside their home were demanding food as they were hungry. He also claimed to be able to hear the voice of God commanding him to feed the dogs with his flesh. This voice was audible to the patient in clear consciousness and was not audible to the persons present around. After hearing the same he took a knife and went outside of home and stabbed his abdomen about 4–5 times before anyone could stop him. As a result of this injury, his intestines were visible through the wound. At the time of injury, he

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appeared to be feeling no pain or discomfort. He was immediately rushed to the emergency department of Postgraduate Institute of Medical Education and Research (PGIMER). There was a segment of small bowel about 4 ft from the Duodeno-jejunal junction that was protruding through stab wound site. Hemoperitoneum was also noted. There was a tear in gastro-colic ligament and in the Omentum. Exploratory laparotomy, assessment and closure were done under general anesthesia and the recovery from anesthesia was uneventful. Post-operative period was also uneventful. There was no history suggestive of seizure episode or any symptoms suggestive of depression.

3. Discussion

Alcoholic hallucinosis is an acute onset hallucinosis that occurs predominantly in auditory modality either during or after a period of heavy alcohol consumption. Secondary delusions especially of persecutory type may develop.[10]

In this case the patient experienced command hallucinations and acted as per the direction of the hallucinatory voices which leads to severe injuries to his abdomen. Though this patient experienced four episodes of Delirium tremens in past, he never indulged in SM during such episodes. During this index episode of alcohol withdrawal the patient experienced auditory hallucinations in clear consciousness. There was no history suggestive of misrecognition. So a diagnosis of alcoholic hallucinosis (Mental and behavioral disorders due to use of alcohol, Psychotic disorder, predominantly hallucinatory (F10.52) as per ICD-10) was kept. SM or genital mutilation has also been reported in alcohol withdrawal delirium[11] and in cannabis psychosis.[12]

Suicidal behavior in subjects with alcoholism are predicted by the most alcohol consumed in 24 h, previous alcohol treatment, previous use of other drugs; and a high Hamilton score for depression.[13] In our patient there was no history suggestive of depression or delirium during the index episode. Self harm behavior in alcoholism can also be due to anger and aggression or dissociative experiences, which does not appear to be present in this case.[6,7] Also this patient did not present with genital mutilation but a more serious and severe abdominal injury.

It has also been proposed that alcoholic hallucinosis is schizophrenia with secondary alcoholism or a latent form of schizophrenia. However, slight clouding of consciousness, the presence of the physical symptoms which may accompany an acute confusional state and the possibility of other kinds of hallucinations, lead some people to think it as a variant of Delirium tremens.[8] The present case is interesting in that Alcoholic hallucinosis may rarely lead to a life threatening injury through SM. The history of substance abuse should be explored for in cases presenting with SM. This will enable timely intervention for substance abuse to take place.

Ethical approval

As this is not an original study, ethical approval from institute ethics committee was not required.

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Conflict of interest

None to declare.

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